PTO/SB/05 (08-03)

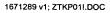
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                                                                                 | ey Docket No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M4065.0375/P375-B                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |        |  |
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| PATENT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            | First Ir                                                                                                                                                                                        | nventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Darwin A. C                                                                                                                                                                                                                                                                         | arwin A. Clampitt                                                                                                                                                        |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TRANSMITTAL                                                | Title                                                                                                                                                                                           | BARRIED DI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     | SEPARATED                                                                                                                                                                | U.S. P |  |
| (Only for new nonprovisional applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | Expres                                                                                                                                                                                          | s Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ——————————————————————————————————————                                                                                                                                                                                                                                              |                                                                                                                                                                          |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     | <u></u> ∞                                                                                                                                                                |        |  |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                                                                                                                                                                                 | MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| (Submit an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| - Descri, - Cross - Staterr - Refere or a cc - Backgi - Brief S - Brief D - Detaile - Claim( - Abstra  4. X Drawing(s)  5. Oath or Declara  a. Newl b. X Copy i.                                                                                                                                                                                                                                                                                                                                 | ct of the Disclosure<br>s) (35 U.S.C. 113) [Total Sheets 2 | 22 1                                                                                                                                                                                            | c. Stater  ACCC  9. Assignm  10. 37 CFR (when the statement of the stateme | DMPANYING AF<br>nent Papers (cover<br>3.73(b) Statement<br>nere is an assignee,<br>Translation Docum-<br>ion Disclosure<br>nt (IDS)/PTO-1449<br>ary Amendment<br>Receipt Postcard (No<br>be specifically item<br>Copy of Priority De<br>priority is claimed)<br>ication Request un- | t (2 copies); or ii. Intity of above copies  PPLICATION PARTS  sheet & document(s))  Power of Attorney  ent (if applicable)  Copies of IDS  Citations  APEP 503)  sized) |        |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:                                                                                                                                                                                                                                                                        |                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| Continuation X Divisional Continuation-in-part (CIP) of prior application No.: 09/832,918 and 10/197,550                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| Prior application information: Examiner David Nhu Art Unit: 2818  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| 19. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| X Customer Number: 24998 OR Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2101 L Street NW                                           |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| City Washington State                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            | ite                                                                                                                                                                                             | DC Zip Code 20037-1526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            | lephone                                                                                                                                                                                         | (202) 785-970                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 00 Fe                                                                                                                                                                                                                                                                               | <del></del>                                                                                                                                                              |        |  |
| Name (Print/T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ype) Thomas J. D'Amico                                     |                                                                                                                                                                                                 | Registration N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | o. (Attorney/Agent)                                                                                                                                                                                                                                                                 | - <del>28,37</del> 1                                                                                                                                                     |        |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ms de                                                      | _ #33,0B                                                                                                                                                                                        | 7 Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | December 3, 2003                                                                                                                                                                                                                                                                    | 3                                                                                                                                                                        |        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |        |  |

MARK THROWSON



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## Complete if Known FEE TRANSMITTAL **Application Number** NOT YET ASSIGNED for FY 2003 Filing Date October 23, 2003 First Named Inventor Darwin A. Clampitt Effective 01/01/2003, Patent fees are subject to annual revision. **Examiner Name** Not Yet Assigned Applicant claims small entity status. See 37 CFR 1.27 Art Unit **TOTAL AMOUNT OF PAYMENT** (\$) 840.00 Attorney Docket No. M4065.0375/P375-B METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Credit Check х Other None 3. ADDITIONAL FEES X Deposit Account: Large Entity **Small Entity** Deposit 04-1073 Account Fee Description Code (\$) Code (\$) Fee Paid Deposit Dickstein Shapiro Morin & 1051 130 2051 65 Surcharge - late filing fee or oath Oshinsky LLP Name Surcharge - late provisional filing fee or cover 1052 50 2052 25 The Director is authorized to: (check all that apply) Charge fee(s) indicated below X Credit any overpayments 1053 130 1053 130 Non-English specification Charge any additional fee(s) during the pendency of this 1812 2.520 1812 For filing a request for ex parte reexamination application Requesting publication of SIR prior to 1804 9201 1804 920\* Charge fee(s) indicated below, except for the filing fee Examiner action Requesting publication of SIR after to the above-identified deposit account. 1.8401 1805 1805 1,840 Examiner action **FEE CALCULATION** 1251 110 2251 55 Extension for reply within first month 1. BASIC FILING FEE 1252 410 2252 Extension for reply within second month 205 Large Entity **Small Entity** 1253 930 2253 Extension for reply within third month 465 Fee Fee Fee Fee Description Fee Paid 1254 1.450 2254 Extension for reply within fourth month (\$) Code (\$) 1001 750 00 750 375 Utility filing fee 2001 1255 1 970 2255 985 Extension for reply within fifth month 1002 330 2002 165 Design filing fee 1401 320 2401 160 Notice of Appeal 1003 2003 520 260 Plant filing fee 1402 320 2402 160 Filing a brief in support of an appeal 1004 750 2004 375 Reissue filing fee 1403 280 2403 140 Request for oral hearing 1005 2005 Provisional filing fee 160 80 1451 1.510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 Petition to revive - unavoidable SUBTOTAL (1) (\$) 1453 1,300 2453 Petition to revive - unintentional 650 1501 1.300 2501 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 650 Utility issue fee (or reissue) Extra Fee from 1502 2502 470 235 Design issue fee Fee Paid Claims below Total Claims 25 -20\*\* = 90 1503 5 18 630 2503 315 Plant issue fee Independent -3\*\* = 1460 130 1460 130 Petitions to the Commissioner 0.00 Claims 1807 50 1807 Multiple Dependent 50 Processing fee under 37 CFR 1.17(a) 1806 180 1806 180 Submission of Information Disclosure Stmt Large Entity Small Entity Fee Recording each patent assignment per Fee Description 8021 40 8021 Code (\$) (\$) Code property (times number of properties) 1202 18 2202 9 Claims in excess of 20 Filing a submission after final rejection 1809 750 2809 375 (37 ČFR 1.129(a)) 1201 2201 84 42 Independent claims in excess of 3 For each additional invention to be 1810 750 2810 375 1203 280 2203 140 Multiple dependent claim, if not paid examined (37CFR 1.129(b)) 1204 2204 84 42 Reissue independent claims 1801 750 2801 Request for Continued Examination (RCE) over original patent Request for expedited examination 1802 900 1802 900 1205 18 2205 Reissue claims in excess of 20 of a design application and over original patent Other fee (specify) SUBTOTAL (2) (\$) \*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) \*\*or number previously paid, if greater; For Reissues, see above SUBMITTED BY 77775UN1 0~ (Complete (if applicable)) MAGGETS. Registration No. Name (Print/Type) Thomas J. D'Amico 28.371 Telephone (202) 828-2232

#33.082

Date

December 3, 2003

Signature